

Arizona State Board of Funeral Directors & Embalmers "Protecting the Public's Health"

1740 W Adams Suite 3006 Phoenix AZ 85007 Phone: 602.542.3095

www.funeralboard.az.gov

VERIFICATION REQUEST FORM

Notice to Applicant:		ilu annaintad liaansina aaansu	on board that issued on natural to
<u> </u>			or board that issued or refused to lility to correctly identify yourself to
that agency or board and pay the			
Applicant Name:			Last
Applicant License, Registration or	r Certificate Numbe	er(s):	
I hereby authorize you to send direct	tly to the State of Ar	izona Funeral Directors & Embaln	ners the information requested herein
SignatureDate			
Following Info	ormation to be Con	npleted by the Licensing Agen	ncy or Board
Ve	rification of Licens	e, Registration or Certificate	
Name of the individual as it appe	ears on the license,	registration, or certificate	
	License #	Date Issued	How Qualified
			(exam or national)
Embalmer			
Funeral Director			
Mortuary Services (dual license)			
Chahara			V/N-
Status Is the license, registration or certificate active?			Yes/No
Was the license, registration or certificate denied to this applicant?			
Is an action pending or has any a			
If yes provide information regarding	_		
, .			
Name of Agency or Board:			
A damaga.			
Address:Street		City	State Zip
Signature:		Title	Date
THE ABOVE SIGNA	ATURE MUST BE NOTO	RIZED OR THE STATE SEAL MUST BE	AFFIXED

Return this document to: Arizona State Board of Funeral Directors & Embalmers 1740 W. Adams Ste 3006 Phoenix, AZ 85007

STATE SEAL